

DRUG USE FORM (DUF)

Form for Food Animals Attending Fairs in the State of New Jersey (3/07)

(This form is to accompany animal to the fair, and to its final destination)

PRINT CLEARLY

EXHIBITOR/OWNER NAME: _____

EXHIBITOR/OWNER ADDRESS: _____

EXHIBITOR PHONE: _____

Animal Identification Number: _____

Animal Species (Circle One) CATTLE
HOGS GOATS SHEEP POULTRY
OTHER (Specify) _____

Animal Description
(Breed, Sex, Color, etc)

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I CERTIFY THAT THE ABOVE ANIMAL IS FREE OF MEDICATION, WHICH MEANS:

1. The animal has not been treated with drugs; or
2. Does not contain a drug for which the withdrawal period has not yet elapsed per label directions.

IF YOU HAVE CHECKED THIS BOX, SIGN BELOW AND DO NOT COMPLETE THE TREATMENT CHART.

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I CERTIFY THAT THE ABOVE ANIMAL HAS BEEN MEDICATED, AND THE DRUGS USED FOR WHICH THE WITHDRAWAL PERIOD HAS NOT YET ELAPSED IS LISTED BELOW:

TREATMENT GIVEN

TREATMENT DATE	Condition being treated	Medication Given (Name)	Amount (Dose)	Route	Instructed Withdrawal Milk/Meat	DATE WITHDRAWAL COMPLETE

IF THIS IS AN EXTRA-LABEL OR Rx DRUG, LIST THE LICENSED VETERINARIAN'S NAME AND ADDRESS WHO PRESCRIBED OR DIRECTED THE TREATMENT:

Veterinarian Name _____ Street, or P.O. Box Number _____ City, _____ State _____ Zip _____

EXHIBITOR/OWNER SIGNATURE: _____ AGE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE (If above is under 18 years of age) _____ DATE: _____